

# Work Order ID 144188

April 06, 2016 11:52:19 AM

**\*144188\***

Page 1

Item ID: D3913-041 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Long Basket Base Assembly, 350  
 Start Date: 5/24/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 6/6/2016 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference:

Approvals: Process Plan: SL 20160405 Run Start **\*NR1\***  
 Date: Tooling: Date: Stop **\*NR2\***  
 QC: Date: SPC (Y/N): Date:

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| D3913                          | C                        |                      |         |        |              |               |               |                  |                |
| D4020                          | A                        |                      |         |        |              |               |               |                  |                |

100 Weld per dwg A/R S.S. rod Batch: B133750 0.00  
 Large Fab

**\*100\***

Large Fab

Large Fab

Memo 0.05

1- assemble ribs , weld as per dwg D3913 using DT9610A  
 \*\*\*inspect before welding mesh\*\*\*

2-Cut D4020-1 base mesh and tack weld all mesh on basket as per dwg D3913  
 and trim mesh to fit if necessary and trim to clear fasteners holes on the ends

3- weld hinge (3) and Mounting brackets as per dwg D3913  
 \*\*\*take lid to locate hinge and bracket\*\*\*

4- Weld D4672-1 blanking plates as per dwg

110 QC9- Inspect visual per QSI004- Fusion Welds 0.00

**\*110\***

QC

Quality Control

Memo 0.00

1+ CC 16-6-14

① 16-06-05 DAS  
 9  
 9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                     |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                     |  |  |
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| <b>Root Cause</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> |  | <div style="display: flex; justify-content: space-between;"> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                     |  |  |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (QSI042) Approval             |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |

# Work Order ID 144188

April 06, 2016 11:52:19 AM

**\*144188\***

Page 3

Item ID: D3913-041 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Long Basket Base Assembly, 350  
 Start Date: 5/24/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 6/6/2016 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                      | Operation<br>Description                                                                                                                                                                                                                                                                                                                                                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp                                  |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------------------------------------|
| 130<br><b>*130*</b><br>Powdercoat<br>Powder Coating | White Gloss(Ref:4.3.5.2) per OSI005 4.3-Steel<br><i>m B4631.</i><br><br>Memo<br>1- Plug holes and mask only interior of hinge (3) prior to powder coat<br><br>1ST COAT:<br>START TIME: <u>9:00</u><br>OVEN TEMPERATURE: <u>400°</u><br>FINISH TIME: <u>9:30</u><br>***** 2nd coat if necessary*****<br>2ND COAT:<br>START TIME: _____<br>OVEN TEMPERATURE: _____<br>FINISH TIME: _____ | 0.00<br><br>0.01     |         |        |              | <u>1</u>      | <u>0</u>      | <u>16-06-16</u>  | <u>23</u><br><u>34</u><br><u>08</u>             |
| 140<br><b>*140*</b><br>QC<br>Quality Control        | QC3- Inspect Part Finish<br><br>Memo                                                                                                                                                                                                                                                                                                                                                   | 0.00<br><br>0.00     |         |        |              |               |               |                  | <u>1 x d all 16/06/16</u><br><b>DAS 15 9-89</b> |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                     |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                                                     |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                                                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                                                     |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                                                     |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                                                                                                                                                     |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                                                                                                                                                     |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                     |  |  |

**Work Order ID 144188**

April 06, 2016 11:52:19 AM

**\*144188\***

Page 4

Item ID: D3913-041 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Long Basket Base Assembly, 350  
Start Date: 5/24/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 6/6/2016 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID               | Operation<br>Description                                                                                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number    | Insp.<br>Stamp                                                                  |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|---------------------|---------------------------------------------------------------------------------|
| 150                                          | Assemble as per dwg                                                                                                    | 0.00                 |         |        |              |               |               |                     |                                                                                 |
| <b>*150*</b><br>HandFinish<br>Hand Finishing | <div><div>Memo<br/>Pick Kit</div><div><b>DAS</b><br/><b>6</b><br/><b>9-89</b></div><div><b>JUN 16 2016</b></div></div> | 0.01                 |         |        |              | <u>12</u>     | <u>9</u>      | <u>all 16/06/16</u> |                                                                                 |
| 160                                          | QC5- Inspect part completeness to step on W/O                                                                          | 0.00                 |         |        |              |               |               |                     |                                                                                 |
| <b>*160*</b><br>QC<br>Quality Control        | Memo                                                                                                                   | 0.00                 |         |        |              | <u>1</u>      |               |                     | <div><b>DAS</b><br/><b>38</b><br/><b>9-89</b></div><br><b>JUN 17 2016</b>       |
| 170                                          | Identify as per dwg & Stock Location: <u>W/O</u>                                                                       | 0.00                 |         |        |              |               |               |                     |                                                                                 |
| <b>*170*</b><br>Packaging<br>Packaging       | Memo                                                                                                                   | 0.00                 |         |        |              |               |               |                     | <div><b>D4030-041 / B144185</b></div><br><u>12</u> <u>9</u> <u>all 16/06/16</u> |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                                                     |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |  |                                                                                                                                                     |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |  |                                                                                                                                                     |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                                                     |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                                                     |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                                                     |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |  |                                                                                                                                                     |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |  |                                                                                                                                                     |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |  |                                                                                                                                                     |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |  |                                                                                                                                                     |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |  |                                                                                                                                                     |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |  |                                                                                                                                                     |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |  |                                                                                                                                                     |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |  |                                                                                                                                                     |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |  |                                                                                                                                                     |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |  |                                                                                                                                                     |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                                                     |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                                                     |  |



**Work Order ID 144188**

April 06, 2016 11:52:19 AM

**\*144188\***

Page 5

Item ID: D3913-041

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Long Basket Base Assembly, 350

Stop

**\*NS2\***

Start Date: 5/24/2016 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 6/6/2016 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run

Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

180

QC21- Final Inspection - Work Order Release

0.00

**\*180\***

QC

Memo

0.00

Quality Control

16/6/20 DJ

MWS JUN 17 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MRB (QSI042) Approval |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Lead hand / Supervisor<br>Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | QC / QA Coordinator<br>Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |                       |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |  |

# Picklist Print

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Page 1

Work Order ID: 144188

**\*144188\***

Parent Item: D3913-041

**\*D3913-041\***

Parent Item Name: Long Basket Base Assembly, 350

Start Date: 5/24/2016

Required Date: 6/6/2016

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A new issue DD 10.03.19 verified by:EC  
chg qty's DD 10.04.12 verified by:EC  
AS PER DWG REV.B DD VERF:EC  
REV.C / ECN 13-624 DD VERF:JLM  
IPP Rev:B  
IPP REV:C 12.07.24  
IPP REV:D 13.08.21 DWG

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| ✓ D3913-1*<br>Rib               |                        | Manufactured  | No          |                     |                  | 100             | Each               | 4.0000         | 1           | 1            |               |                |        |
| ** CC 16-6-15                   |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
|                                 |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  | <u>Loc Code</u>    |                |             |              |               |                |        |
|                                 |                        |               |             | WA004               |                  | 4               | B146462            | → (1x)         |             |              |               |                |        |
|                                 |                        |               |             | 141916              |                  | 4               |                    |                |             |              |               |                |        |
| ✓ D3913-3*<br>Rib               |                        | Manufactured  | No          |                     |                  | 100             | Each               | 4.0000         | 1           | 1            |               |                |        |
| ** CC 16-6-15                   |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
|                                 |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  | <u>Loc Code</u>    |                |             |              |               |                |        |
|                                 |                        |               |             | WA004               |                  | 4               | B146450            | → (1x)         |             |              |               |                |        |
|                                 |                        |               |             | 141917              |                  | 4               |                    |                |             |              |               |                |        |
| ✓ D3913-7*<br>Rib               |                        | Manufactured  | No          |                     |                  | 100             | Each               | 8.0000         | 2           | 2            |               |                |        |
| ** CC 16-6-15                   |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
|                                 |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  | <u>Loc Code</u>    |                |             |              |               |                |        |
|                                 |                        |               |             | WA004               |                  | 8               | B146471            | → (2x)         |             |              |               |                |        |
|                                 |                        |               |             | 141915              |                  | 2               |                    |                |             |              |               |                |        |
|                                 |                        |               |             | 142371              |                  | 6               |                    |                |             |              |               |                |        |
| ✓ D3913-9*<br>Hinge Rib         |                        | Manufactured  | No          |                     |                  | 100             | Each               | 4.0000         | 1           | 1            |               |                |        |
| ** CC 16-6-15                   |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
|                                 |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  | <u>Loc Code</u>    |                |             |              |               |                |        |
|                                 |                        |               |             | WA004               |                  | 4               | B146371            | → (1x)         |             |              |               |                |        |
|                                 |                        |               |             | 141425              |                  | 4               |                    |                |             |              |               |                |        |

# Picklist Print

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Page 2

Work Order ID: 144188

**\*144188\***

Parent Item: D3913-041

**\*D3913-041\***

Parent Item Name: Long Basket Base Assembly, 350

Start Date: 5/24/2016

Required Date: 6/6/2016

Start Qty: 1.00

Required Qty: 1.00

D3916-5

Manufactured No

100

Each

9.0000

3

3

**\*D3916-5\***

Light Rib

\*\*

CC 16-6-15

Location

Loc Qty

Loc Code

WA004

9

B145200

142370

9

B146446

D3916-041

Manufactured No

100

Each

8.0000

2

2

**\*D3916-041\***

Rib Assembly

\*\*

CC 16-6-15

Location

Loc Qty

Loc Code

WA004

8

B145199

141978

2

142369

6

D4017-7

Manufactured No

100

Each

12.0000

3

3

**\*D4017-7\***

Rib

\*\*

CC 16-6-15

Location

Loc Qty

Loc Code

WA004

12

B141853

142415

6

143985

6

D4017-9

Manufactured No

100

Each

8.0000

2

2

**\*D4017-9\***

Rib

\*\*

CC 16-6-15

Location

Loc Qty

Loc Code

WA004

8

B146492

142372

8

# Picklist Print

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Work Order ID: 144188

**\*144188\***

Parent Item: D3913-041

**\*D3913-041\***

Parent Item Name: Long Basket Base Assembly, 350

Start Date: 5/24/2016

Required Date: 6/6/2016

Start Qty: 1.00

Required Qty: 1.00

D4034-041

Manufactured No

100 Each 4.0000 1 1

✓ **\*D4034-041\***

Aft Upper Rib Assembly

\*\*

CC 16-6-15

Location

Loc Qty

Loc Code

WA004

4 B144938 → (1x)

141918

1

142374

3

D4034-043

Manufactured No

100 Each 4.0000 1 1

✓ **\*D4034-043\***

Fwd Upper Rib Assembly

\*\*

CC 16-6-15

Location

Loc Qty

Loc Code

WA004

4 B144937 → (1x)

141919

1

142375

3

D2581

Manufactured No

100 Each 20.0000 2 2

✓ **\*D2581\***

Mounting Bracket

\*\*

CC 16-6-15

Location

Loc Qty

Loc Code

WA004

20 B142787 → (2x)

132771

1

136270

2

139082

17

D2931

Manufactured No

150 Each 1,601.000 2 2

**\*D2931\***

Bumper

\*\*

DAS  
6  
9-89  
JUN 16 2016

Location

Loc Qty

Loc Code

ST013

78

86435

78

ST025A

1523

86435

1523

2

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# Picklist Print

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Work Order ID: 144188

**\*144188\***

Parent Item: D3913-041

**\*D3913-041\***

Parent Item Name: Long Basket Base Assembly, 350

Start Date: 5/24/2016

Required Date: 6/6/2016

Start Qty: 1.00

Required Qty: 1.00

D3913-15 Manufactured No

100 Each 15.0000 1 1

\*\*

CC 16-6-15

**\*D3913-15\***

Wide Handle Plate

Location

Loc Qty

Loc Code

WA004

15

141118

15

1x

D4016-1 Manufactured No

100 Each 42.0000 3 3

\*\*

CC 16-6-15

**\*D4016-1\***

Hinge Half, Base

Location

Loc Qty

Loc Code

WA004

42

B14/593

3x

137077

2

140745

40

D4021-1 Manufactured No

100 Each 38.0000 3 3

\*\*

CC 16-6-15

**\*D4021-1\***

Handle Plate

Location

Loc Qty

Loc Code

WA004

38

139529

8

141494

16

142715

14

3x

D4021-5 Manufactured No

100 Each 7.0000 2 2

\*\*

142656

DAS

6  
9-89

JUN 16 2016

**\*D4021-5\***

Blanking Plate

Location

Loc Qty

Loc Code

ST071

7

137592

6

177489bk

1

2

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Work Order ID: 144188

**\*144188\***

Parent Item: D3913-041

**\*D3913-041\***

Parent Item Name: Long Basket Base Assembly, 350

Start Date: 5/24/2016

Required Date: 6/6/2016

Start Qty: 1.00

Required Qty: 1.00

D4020-11 Manufactured No

100 Each 31.0000 2 2

**\*D4020-11\***

End Mesh, Basket

\*\*

CL 16-6-15

## Location

## Loc Qty

## Loc Code

WA004

31

B146381

139947

4

142361

27

100 Each 31.0000 2 2

\*\*

CL 16-6-15

D4672-1

Manufactured No

**\*D4672-1\***

Blanking Plate

## Location

## Loc Qty

## Loc Code

WA004

31

B145632

128829

2

137124

2

141229

27

100 sf 525.0000 33 33

\*\*

CL 16-6-15

M304EX0.75-16F

Purchased No

**\*M304FX0 75-16F\***

Expanded Metal Flat SS

## Location

## Loc Qty

## Loc Code

WA004

525

B134643

M133868

25

M134184

171

M134331

329

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# Picklist Print

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Work Order ID: 144188

**\*144188\***

Parent Item: D3913-041

**\*D3913-041\***

Parent Item Name: Long Basket Base Assembly, 350

Start Date: 5/24/2016

Required Date: 6/6/2016

Start Qty: 1.00

Required Qty: 1.00

MS20600-AD4W3

Purchased

No

150

Each

467.0000

2

2

**\*MS20600-AD4W3\***

Cherry Rivets

**\*\***

**DAS**

**6**

**9-89**

Location

Loc Qty

Loc Code

GA

172

m129795

172

ST308

211

m133316

24

m134167

187

WA003

84

m130018

84

MS21042L3

Purchased

No

150

Each

2,061.000

6

6

**\*MS21042L3\***

Nut

**\*\***

**DAS**

**6**

**9-89**

Location

Loc Qty

Loc Code

FP001

100

m133790

100

GA

792

m133790

6

m134360

786

Return2016

1

M132382

1

ST304

1168

m134039

12

m134360

1156

**JUN 1 4 2016**

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# Picklist Print

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Work Order ID: 144188

**\*144188\***

Parent Item: D3913-041

**\*D3913-041\***

Parent Item Name: Long Basket Base Assembly, 350

Start Date: 5/24/2016

Required Date: 6/6/2016

Start Qty: 1.00

Required Qty: 1.00

NAS1149F0332P

Purchased

No

150

Each

2,281.000

12

12

**\*NAS1149F0332P\***

Washer

\*\*

134676

DAS  
6  
8-89

Location

Loc Qty

Loc Code

GA

312

m133709

312

ST262

1969

m134134

469

m134257

1500

AN3-10A

Purchased

No

150

Each

276.0000

6

6

**\*AN3-10A\***

Bolt

\*\*

134754

DAS  
6  
8-89

Location

Loc Qty

Loc Code

GA

1

m132763

1

over003

100

m134249

100

ST349

175

m133992

75

m134573

100

NAS1149DN832J

Purchased

No

150

Each

1,835.000

2

2

**\*NAS1149DN832.J\***

Washer

\*\*

DAS  
6  
8-89

Location

Loc Qty

Loc Code

CA

84

M129499

84

ST265

1751

M131697

251

M134180

1500

JUN 1-6 2016

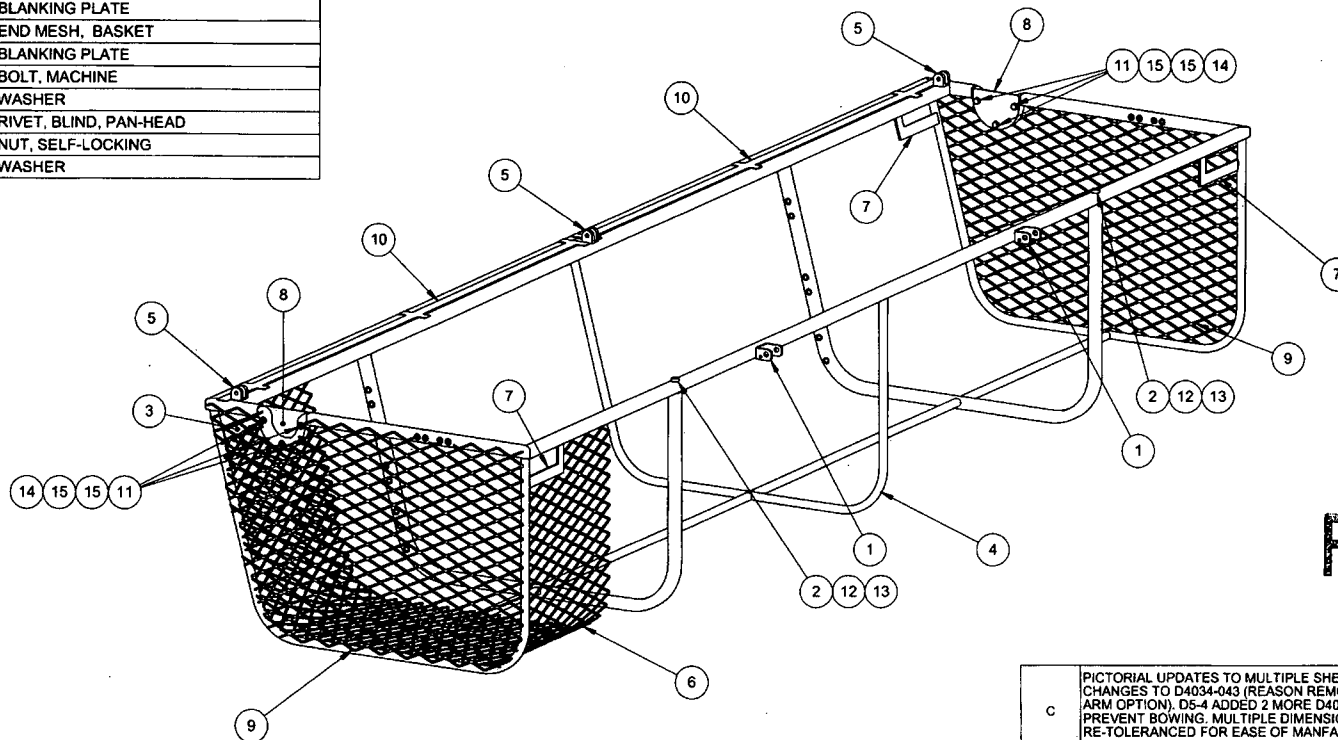
2

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Shop Packet Print

Page 7

| ITEM | QTY | P/N           | DESCRIPTION                    |
|------|-----|---------------|--------------------------------|
|      | X   | D3913-041     | LONG BASKET BASE ASSY (350)    |
| 1    | 2   | D2581         | MOUNTING BRACKET               |
| 2    | 2   | D2931         | BUMPER                         |
| 3    | 1   | D3913-15      | WIDE HANDLE PLATE              |
| 4    | 1   | D3913-101     | TUBULAR ASSY (350 LONG BASKET) |
| 5    | 3   | D4016-1       | HINGE HALF, BASE               |
| 6    | 1   | D4020-1       | MESH (350 BASKET LONG BASE)    |
| 7    | 3   | D4021-1       | HANDLE PLATE                   |
| 8    | 2   | D4021-5       | BLANKING PLATE                 |
| 9    | 2   | D4020-11      | END MESH, BASKET               |
| 10   | 2   | D4672-1       | BLANKING PLATE                 |
| 11   | 6   | AN3-10A       | BOLT, MACHINE                  |
| 12   | 2   | AN960JD8      | WASHER                         |
| 13   | 2   | MS20600AD4W3  | RIVET, BLIND, PAN-HEAD         |
| 14   | 6   | MS21042L3     | NUT, SELF-LOCKING              |
| 15   | 12  | NAS1149F0332P | WASHER                         |



**D3913-041 LONG BASKET BASE ASSY (350)**  
(MESH SHOWN LOCALLY FOR CLARITY)

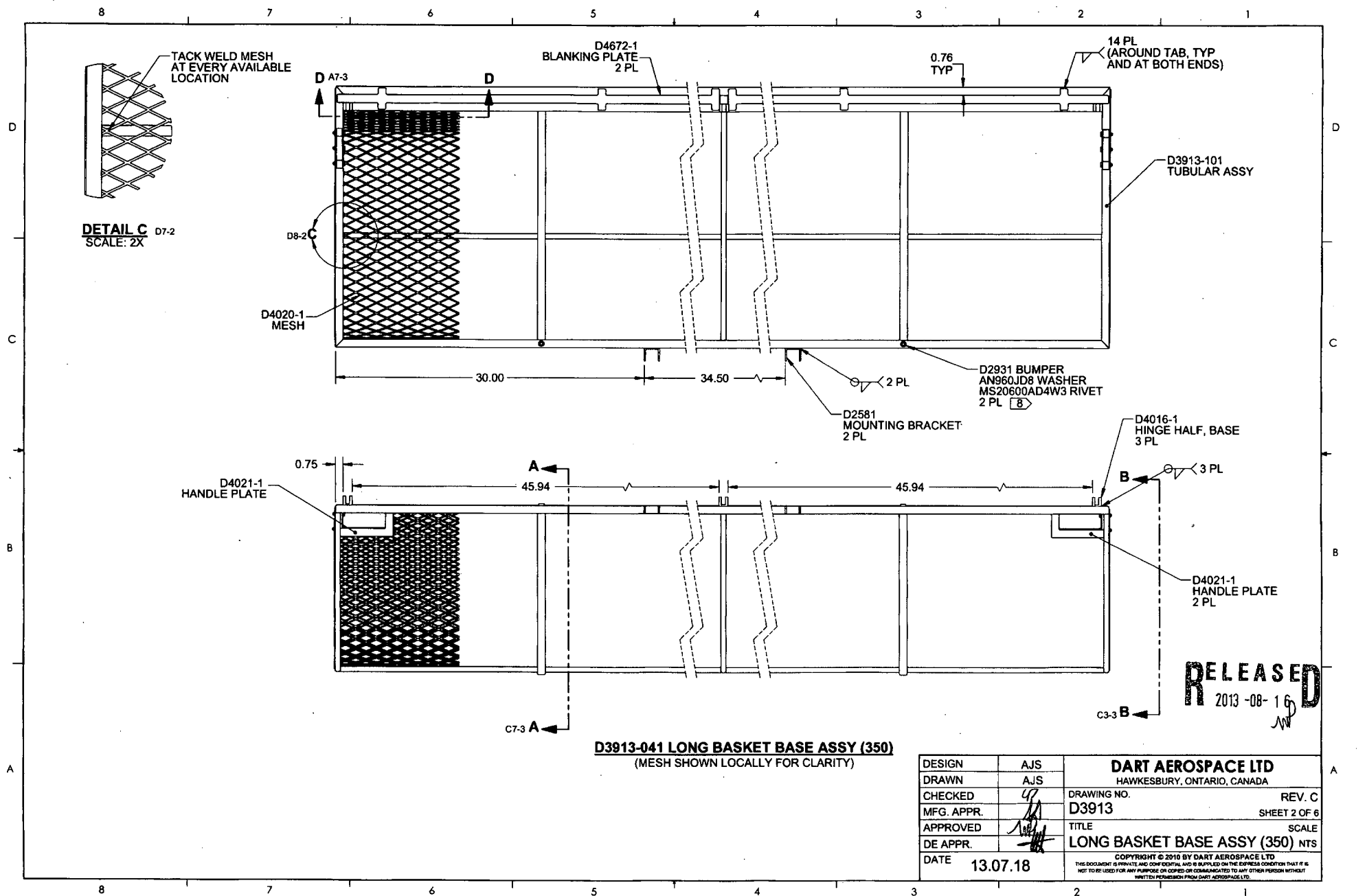
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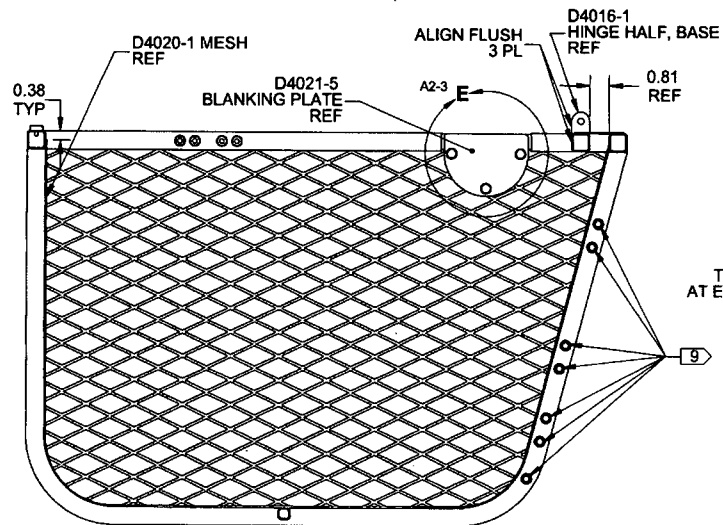
- 1) MATERIAL: N/A
- 2) FINISH: POWDER COAT WHITE (4.3.5.2) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 43.9 lbs APPROX
- 8) INSTALL AFTER FINISH
- 9) MASK HOLES PRIOR TO POWDER COAT
- 10) WELD PER DART QSI 004

**RELEASED**  
2013-08-16

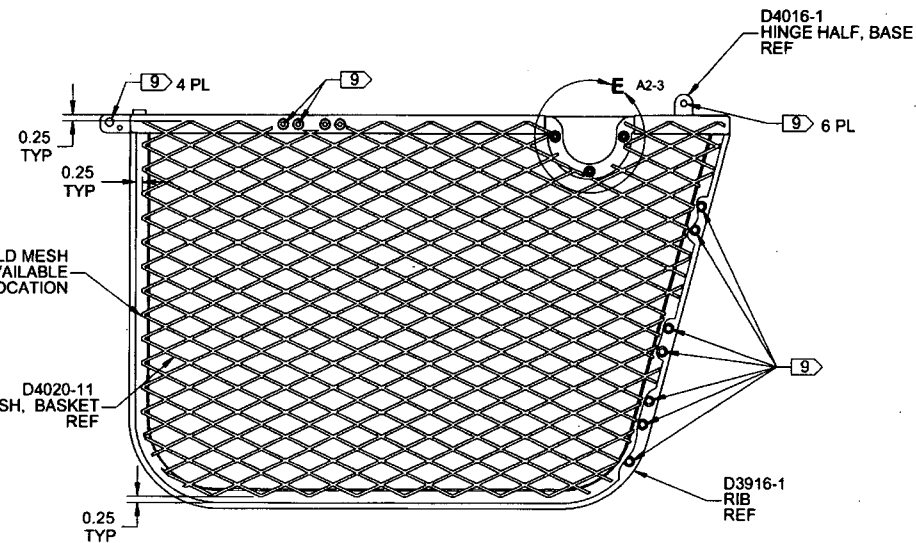
|            |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                          |              |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| C          | PICTORIAL UPDATES TO MULTIPLE SHEETS FOR CHANGES TO D4034-043 (REASON: REMOVAL OF PROP ARM OPTION); D5-4 ADDED 2 MORE D4017-7 RIBS TO PREVENT BOWING. MULTIPLE DIMENSIONS RE-TOLERANCED FOR EASE OF MANUFACTURE. SECTION F-F & G-G ADDED. | AJS                                                                                                                                                                                                                                                                      | 13.07.18     |
| B          | ADD D4672-1 (ZN C4-1, C6-1, D2-2, D2-3, & D5-2). REASON: PAR12-197.                                                                                                                                                                       | MB                                                                                                                                                                                                                                                                       | 12.06.15     |
| A          | NEW ISSUE                                                                                                                                                                                                                                 | JPH                                                                                                                                                                                                                                                                      | 10.03.16     |
| REV.       | DESCRIPTION                                                                                                                                                                                                                               | BY                                                                                                                                                                                                                                                                       | DATE         |
| DESIGN     | AJS                                                                                                                                                                                                                                       | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                |              |
| DRAWN      | AJS                                                                                                                                                                                                                                       | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                              |              |
| CHECKED    | JP                                                                                                                                                                                                                                        | DRAWING NO.                                                                                                                                                                                                                                                              | REV. C       |
| MFG. APPR. | JP                                                                                                                                                                                                                                        | D3913                                                                                                                                                                                                                                                                    | SHEET 1 OF 6 |
| APPROVED   | JP                                                                                                                                                                                                                                        | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   | JP                                                                                                                                                                                                                                        | LONG BASKET BASE ASSY (350) NTS                                                                                                                                                                                                                                          |              |
| DATE       | 13.07.18                                                                                                                                                                                                                                  | COPYRIGHT © 2010 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |

20160405  
SH 144188

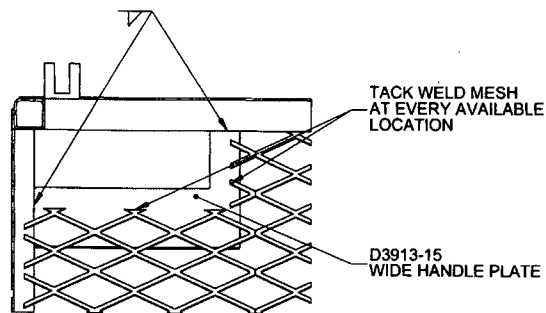




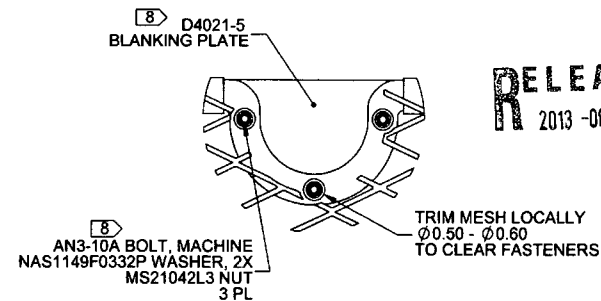
**SECTION A-A** A5-2



**VIEW B-B** A2-2



**SECTION D-D** D6-2  
TYPICAL FOR ALL  
HANDLE PLATES

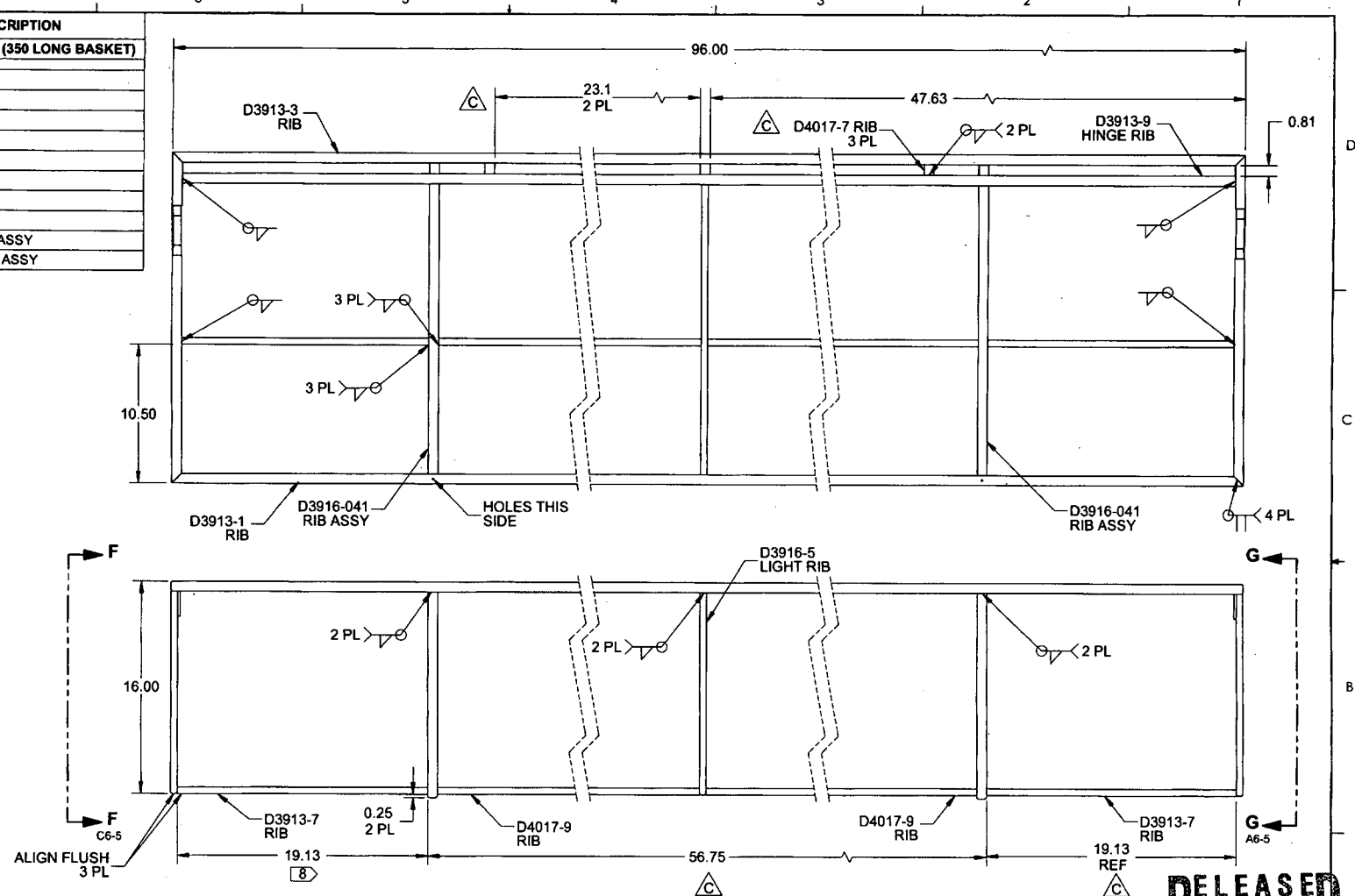


**DETAIL E** D2-3  
D6-3

**RELEASED**  
2013-08-16

|                                                                                                                                                                                                                                |                                                                                       |                                        |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                         | AJS                                                                                   | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN                                                                                                                                                                                                                          | AJS                                                                                   | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                        |  | DRAWING NO.                            | REV. C       |
| MFG. APPR.                                                                                                                                                                                                                     |                                                                                       | D3913                                  | SHEET 3 OF 6 |
| APPROVED                                                                                                                                                                                                                       |  | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                       |  | LONG BASKET BASE ASSY (350)            | NTS          |
| DATE                                                                                                                                                                                                                           | 13.07.18                                                                              | COPYRIGHT © 2010 BY DART AEROSPACE LTD |              |
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| ITEM | QTY | P/N       | DESCRIPTION                    |
|------|-----|-----------|--------------------------------|
|      | X   | D3913-101 | TUBULAR ASSY (350 LONG BASKET) |
| 1    | 1   | D3913-1   | RIB                            |
| 2    | 1   | D3913-3   | RIB                            |
| 3    | 2   | D3913-7   | RIB                            |
| 4    | 1   | D3913-9   | HINGE RIB                      |
| 5    | 3   | D3916-5   | LIGHT RIB                      |
| 6    | 2   | D3916-041 | RIB ASSY                       |
| 7    | 3   | D4017-7   | RIB                            |
| 8    | 2   | D4017-9   | RIB                            |
| 9    | 1   | D4034-041 | AFT UPPER RIB ASSY             |
| 10   | 1   | D4034-043 | FWD UPPER RIB ASSY             |

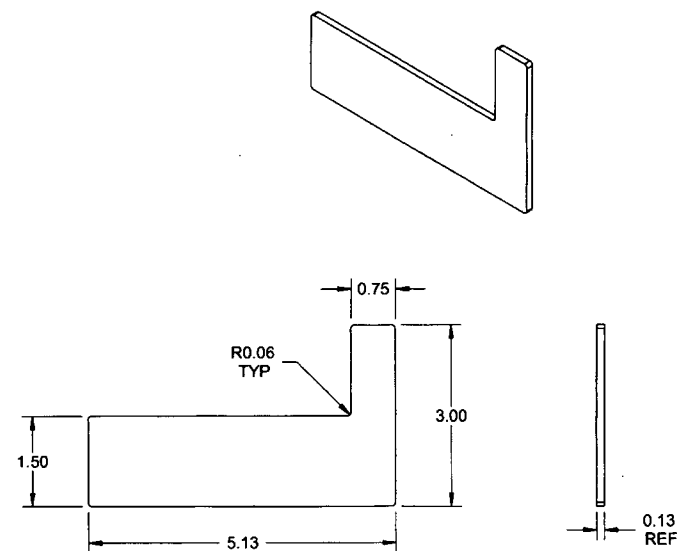
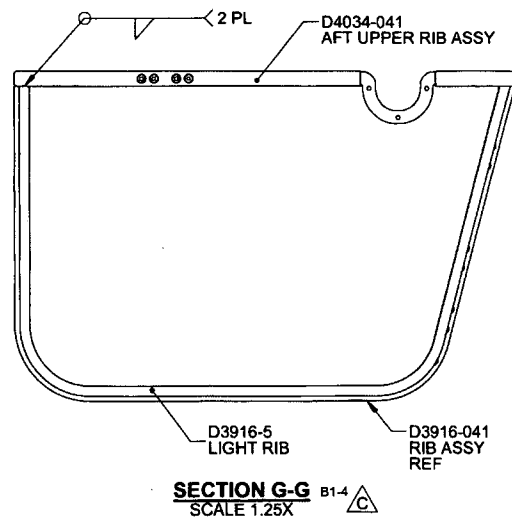
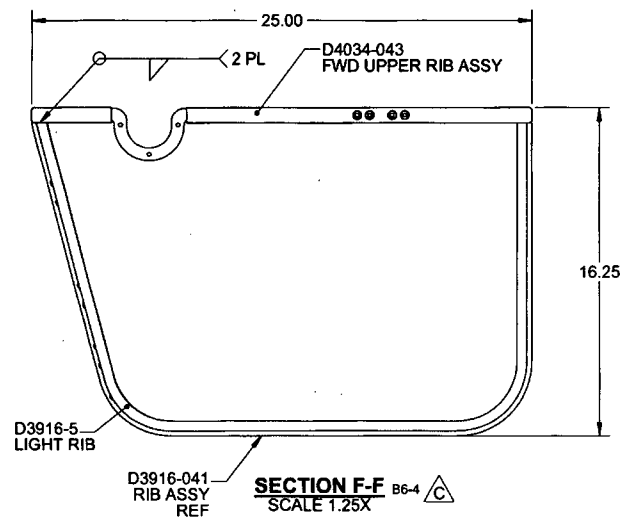


**D3913-101 TUBULAR ASSY (350 SHORT BASKET)**

- NOTES:
- 1) MATERIAL: N/A
  - 2) FINISH: NONE
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: N/A
  - 7) WEIGHT: 22.65 lbs
  - 8) TOLERANCE FOR XX.XX DIMENSIONS  $\pm 0.06$  FOR D3913-101
  - 9) WELD PER DART QSI 004

|            |                    |                                                                                                                                                                                                                                                                                         |                      |                        |
|------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------|
| DESIGN     | AJS                | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                | DRAWING NO.<br>D3913 | REV. C<br>SHEET 4 OF 6 |
| DRAWN      | AJS                |                                                                                                                                                                                                                                                                                         |                      |                        |
| CHECKED    | <i>[Signature]</i> |                                                                                                                                                                                                                                                                                         |                      |                        |
| MFG. APPR. | <i>[Signature]</i> |                                                                                                                                                                                                                                                                                         |                      |                        |
| APPROVED   | <i>[Signature]</i> |                                                                                                                                                                                                                                                                                         |                      |                        |
| DE APPR.   | <i>[Signature]</i> | TITLE<br>LONG BASKET BASE ASSY (350)                                                                                                                                                                                                                                                    | SCALE<br>NTS         |                        |
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2013-08-16



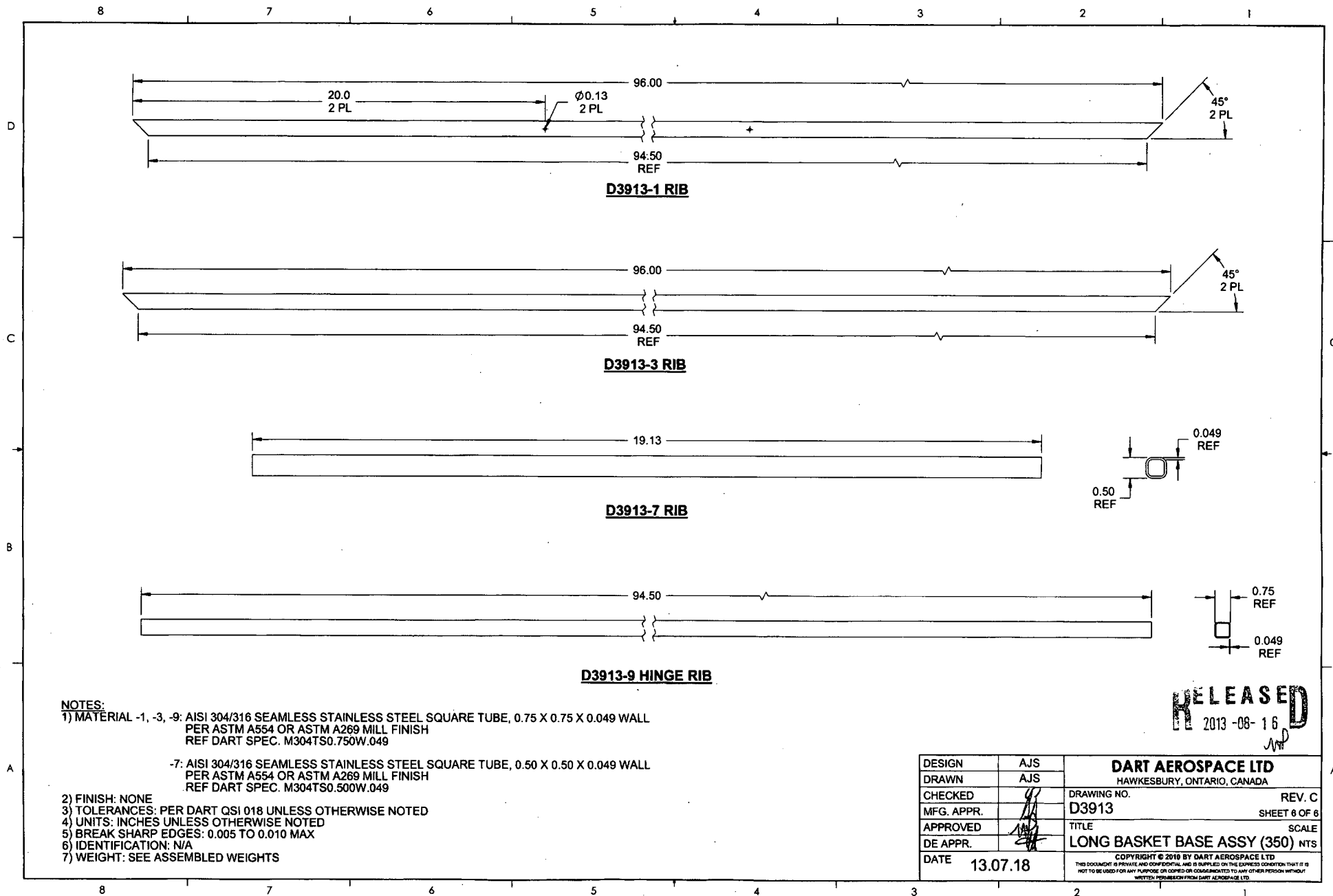
#### D3913-15 WIDE HANDLE PLATE

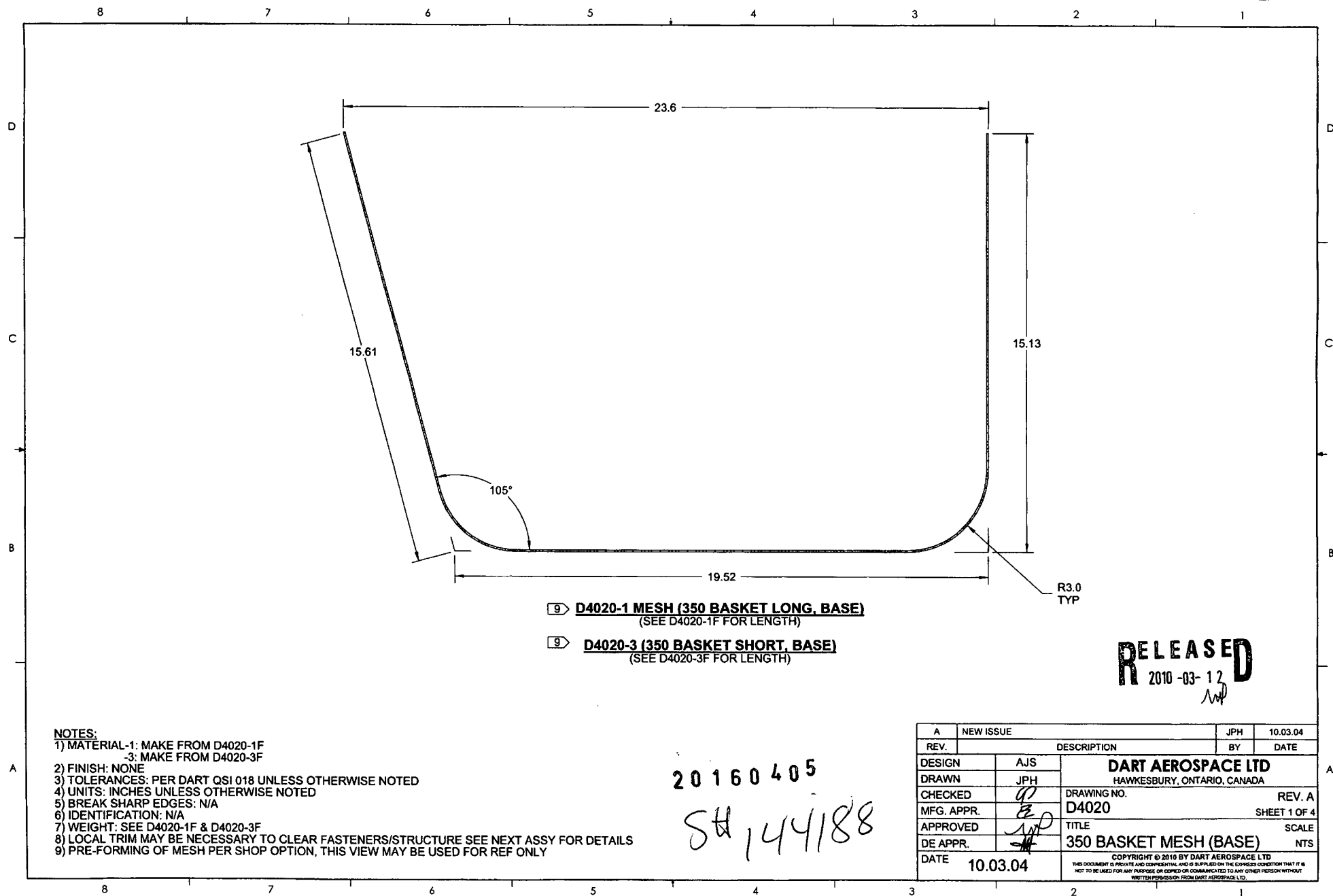
#### NOTES:

- 1) MATERIAL: 304/316 STAINLESS STEEL SHEET ANNEALED 2B FINISH, PER MIL-S-5059 OR AMS 5513/5524 OR ASTM A240 OR ASME SA240 REF DART SPEC M304S11GA
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.31 lbs

**RELEASED**  
2013-08-16

|            |                    |                                                                                                                                                                                                                                                                          |              |
|------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AJS                | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                 |              |
| DRAWN      | AJS                |                                                                                                                                                                                                                                                                          |              |
| CHECKED    | <i>[Signature]</i> | DRAWING NO.                                                                                                                                                                                                                                                              | REV. C       |
| MFG. APPR. | <i>[Signature]</i> | <b>D3913</b>                                                                                                                                                                                                                                                             | SHEET 5 OF 6 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   | <i>[Signature]</i> | <b>LONG BASKET BASE ASSY (350) NTS</b>                                                                                                                                                                                                                                   |              |
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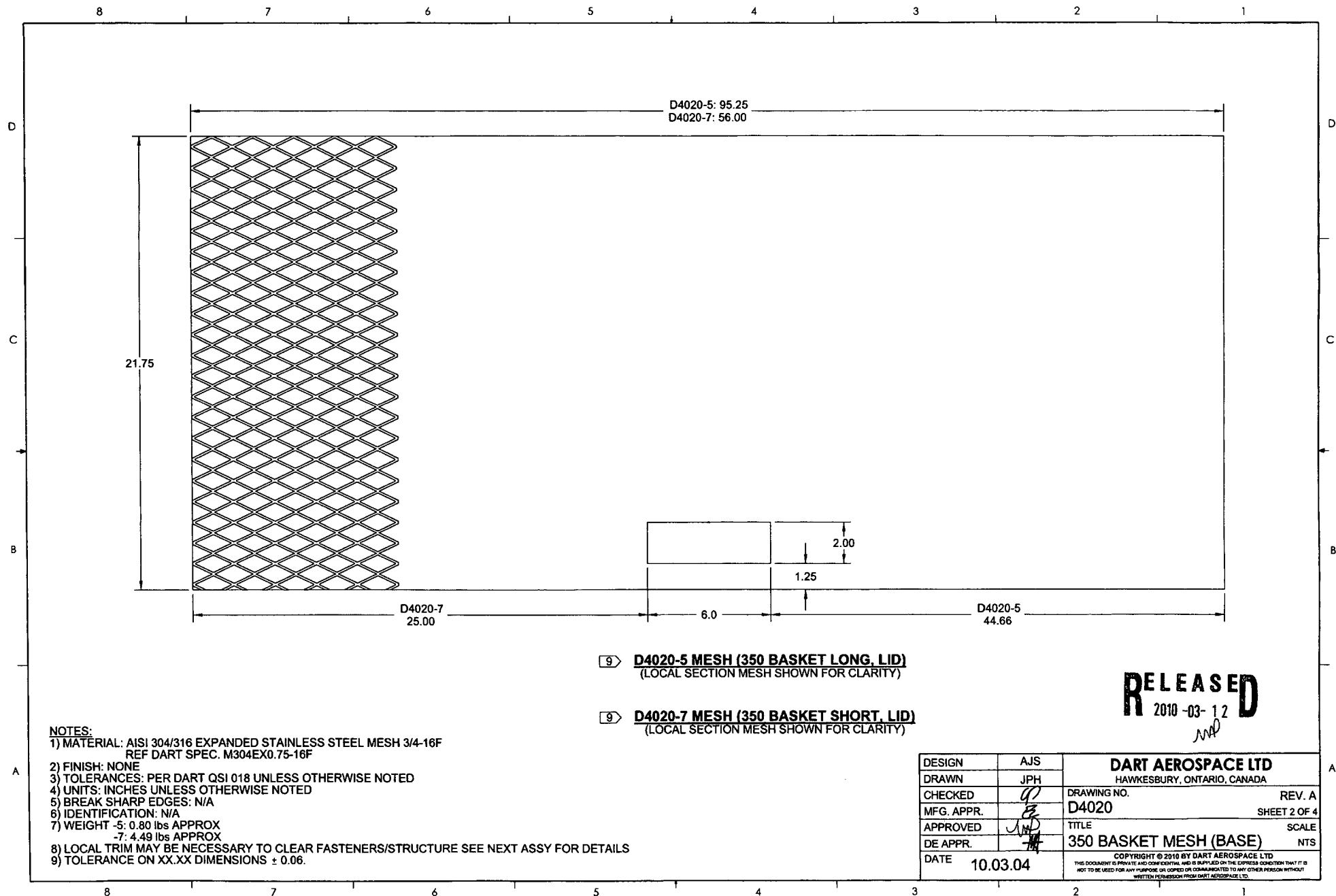
**NOTES:**

- 1) MATERIAL-1: MAKE FROM D4020-1F  
-3: MAKE FROM D4020-3F
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: SEE D4020-1F & D4020-3F
- 8) LOCAL TRIM MAY BE NECESSARY TO CLEAR FASTENERS/STRUCTURE SEE NEXT ASSY FOR DETAILS
- 9) PRE-FORMING OF MESH PER SHOP OPTION, THIS VIEW MAY BE USED FOR REF ONLY

**RELEASED**  
2010-03-12

|             |                    |                                                                                                                                                                                                                                                                                          |              |
|-------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A NEW ISSUE |                    | JPH                                                                                                                                                                                                                                                                                      | 10.03.04     |
| REV.        | DESCRIPTION        |                                                                                                                                                                                                                                                                                          | BY DATE      |
| DESIGN      | AJS                | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                 |              |
| DRAWN       | JPH                |                                                                                                                                                                                                                                                                                          |              |
| CHECKED     | <i>[Signature]</i> | DRAWING NO.                                                                                                                                                                                                                                                                              | REV. A       |
| MFG. APPR.  | <i>[Signature]</i> | D4020                                                                                                                                                                                                                                                                                    | SHEET 1 OF 4 |
| APPROVED    | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.    | <i>[Signature]</i> | 350 BASKET MESH (BASE)                                                                                                                                                                                                                                                                   | NTS          |
| DATE        | 10.03.04           | <small>COPYRIGHT © 2010 BY DART AEROSPACE LTD<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |              |





9 D4020-5 MESH (350 BASKET LONG, LID)  
(LOCAL SECTION MESH SHOWN FOR CLARITY)

9 D4020-7 MESH (350 BASKET SHORT, LID)  
(LOCAL SECTION MESH SHOWN FOR CLARITY)

NOTES:

1) MATERIAL: AISI 304/316 EXPANDED STAINLESS STEEL MESH 3/4-16F  
REF DART SPEC. M304EX0.75-16F

2) FINISH: NONE

3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED

4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: N/A

6) IDENTIFICATION: N/A

7) WEIGHT -5: 0.80 lbs APPROX

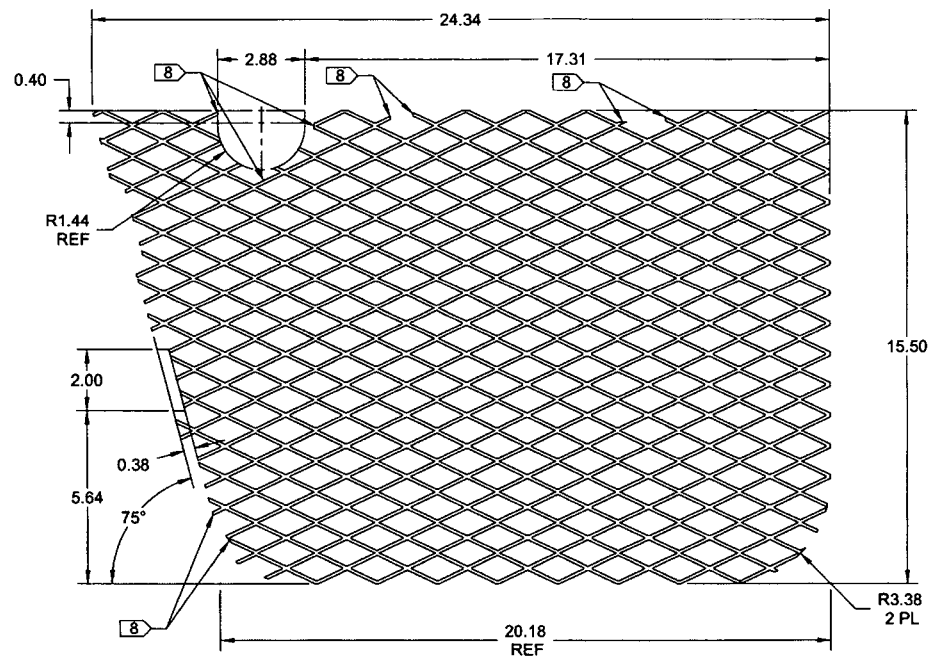
-7: 4.49 lbs APPROX

8) LOCAL TRIM MAY BE NECESSARY TO CLEAR FASTENERS/STRUCTURE SEE NEXT ASSY FOR DETAILS

9) TOLERANCE ON XX.XX DIMENSIONS  $\pm 0.06$ .

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2010-03-12  
M

|                                                                                                                                                                                                                                |          |                                        |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                         | AJS      | DART AEROSPACE LTD                     |              |
| DRAWN                                                                                                                                                                                                                          | JPH      | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                        | JP       | DRAWING NO.                            | REV. A       |
| MFG. APPR.                                                                                                                                                                                                                     | JP       | D4020                                  | SHEET 2 OF 4 |
| APPROVED                                                                                                                                                                                                                       | JP       | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                       | JP       | 350 BASKET MESH (BASE)                 | NTS          |
| DATE                                                                                                                                                                                                                           | 10.03.04 | COPYRIGHT © 2010 BY DART AEROSPACE LTD |              |
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9 D4020-11 END MESH, BASKET

NOTES:

- 1) MATERIAL: AISI 304/316 EXPANDED STAINLESS STEEL MESH 3/4-16F  
REF DART SPEC. M304EX0.75-16F
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 1.22 lbs
- 8) LOCAL TRIM MAY BE NECESSARY TO CLEAR FASTENERS/STRUCTURE SEE NEXT ASSY FOR DETAILS
- 9) TOLERANCE ON XX.XX DIMENSIONS  $\pm 0.06$ .

RELEASED  
2010-03-12  
JMP

|            |          |                                                                                                                                                                                                                                                                                |              |
|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AJS      | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                              |              |
| DRAWN      | JPH      |                                                                                                                                                                                                                                                                                |              |
| CHECKED    | GP       | DRAWING NO.                                                                                                                                                                                                                                                                    | REV. A       |
| MFG. APPR. | GP       | D4020                                                                                                                                                                                                                                                                          | SHEET 3 OF 4 |
| APPROVED   | JMP      | TITLE                                                                                                                                                                                                                                                                          | SCALE        |
| DE APPR.   | JMP      | 350 BASKET MESH (BASE)                                                                                                                                                                                                                                                         | NTS          |
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